

Proceedings of the Workshop on



Strategies for Implementation of Rajasthan Population Policy

Jaipur, January 20, 2000



Organised by
Population Resource Centre (PRC)
State Institute of Health and Family Welfare, Rajasthan

Sponsored by
The POLICY Project, The Futures Group International

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of
Rajasthan Population Policy

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State Institute of Health and Family Welfare, Rajasthan
And
Department of Family Welfare, Government of Rajasthan, Jaipur
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Contents

<i>Foreword</i>	v
<i>Message</i>	vii
<i>Preface</i>	ix
<i>Acknowledgement</i>	xi
<i>In Brief</i>	xiii
 Inaugural Session	 1
 Implementing Strategies - Reflections from International Agencies	 15
 Group Work	 23
 Valedictory Session	 33
 Appendices	 39





राजेन्द्र चौधरी

राज्य मंत्री

सूचना एवं जन-सम्पर्क,
चिकित्सा एवं स्वास्थ्य, तकनीक शिक्षा,
मोटर-गैरेज, कृषि एवं भू-जल।



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Foreword


A rapid growth in population has been attracting serious attention ever since the process of planned economic development began, post independence. Over the years, we have drawn on our practical experience, to make appropriate changes in the profile of the programme targeted for restricting population growth. But these efforts were rather sporadic, instead of being a part of a holistic approach.

The State Government of Rajasthan attaches high priority and great importance to this serious problem. A comprehensive Population Policy for the State, formally released on January 20, 2000 by the Chief Minister, bears testimony to this. In fact, this occasion was utilised to share the experiences gained elsewhere in the country and to solicit the expertise of those, within the country and abroad, who have established their credentials in this field.

The process of preparation of the Policy document has undergone repeated churning. The success of this Policy can only be measured by the level of success achieved in meeting its defined goals and objectives. The sanctity of this policy is in its message and mission- the welfare of the people of Rajasthan. All efforts have to be directed to carry it through to everyone in the state, as also to all those who have a stake in the prosperity of Rajasthan.

I compliment all those at the IIHMR, the Expert Committee chaired by Prof. V.S. Vyas, all functionaries in the State Government, and the voluntary/private sector, for their excellent contribution which, I am confident, will be our strength in the future too.

Jaipur
March, 2000


(Rajendra Choudhary)



Inderjit Khanna
Chief Secretary,
Government of Rajasthan



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Message

The vicious circle of galloping population and the resultant strain on the availability of basic infrastructure for human development is indisputable. Though arresting the population explosion has been at the top of the state's agenda, a concerted and coordinated attempt, with convergence, has now been made, in the form of the State's Population Policy.

The Policy is not merely a solemn pledge, but a blueprint of our proposed action plan.

Therefore, all of us, as stake-holders in the process of development of the State, have an enormous responsibility. I call upon every one to rise up to the expected levels of their performance, for ensuring the success of this Policy, through effective implementation.

(Inderjit Khanna)



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Preface

Rajasthan's population as of today, is more than 50 million and is likely to be more than 60 million by the year 2033. The state's demographic composition favours a young age structure, with the age-group of less than 15 years accounting for 40 percent of the State's population and 47 percent of the female population being in the reproductive age group. According to the current estimates, Rajasthan will achieve a total fertility rate of 2.1 by the year 2048, thereby implying that the state population will not stabilise before the middle of the twenty first century. By that time, the state will have to bear a population of ten crores.

This rapid growth rate of population calls for serious consideration. The living standards of the people of the state can be improved only by formulating and implementing a policy which will effect appropriate changes in the size, structure and distribution of population. Such a policy should also clearly indicate the qualitative demographic goals to be achieved, within a defined time frame and should lucidly state the proposed interventions and innovations to achieve the specified goals. The Population Policy of Rajasthan has taken care of these principles but the strategy for implementation must have the active involvement of all stakeholders.

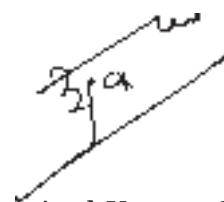
While releasing the Policy, the Hon'ble Chief Minister Sh. Ashok Gehlot asserted the state's wholehearted political commitment. The State Minister for Family Welfare Mrs. Indira Mayaram, not only presided over the inaugural session, but shared her strong conviction for this Policy. Sh. A.R. Nanda, Secretary, Family Welfare, Government of India, actively contributed to the day-long deliberations. We were fortunate to benefit from the presence of representatives of USAID, The POLICY Project, The Futures Group International, UNFPA and UNICEF. I would also like to place on record my grateful appreciation for the excellent work done by the Expert



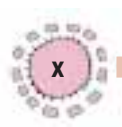
Committee under Prof. V.S. Vyas, in formulating the Policy draft well in time. We are grateful to participants from various sectors who have richly contributed to sharpening the strategies for implementation.

Last but not the least, my acknowledgement and appreciation of the contribution by my colleagues at State Institute of Health and Family Welfare (SIHFW), Rajasthan and officers in the Directorate of Health and Family Welfare, in organising this workshop .

January 31, 2000



Atul Kumar Garg



Acknowledgement

The launching of the “Population Policy of Rajasthan” by the Chief Minister of the state on January 20, 2000 is a landmark in the history of the state.

The process of formulation of this Population Policy has been going on for quite sometime and the important phase of finalising this Policy has been completed with its release today. Many minds have worked together to bring out this document in its present form and we are grateful to all of them.

The second, and equally important phase of Implementation of the Policy has begun with a national workshop on developing Strategies for Implementation of the Policy, held simultaneously with the release of the Policy. The present report, which is of the proceedings of this workshop, provides us with an insight into the implementation of the Policy.

Our gratitude to Ms. Elizabeth Schoenecker, Mr. Michael Vlassoff, Dr. Harry E. Cross, Dr. Victor Barbiero, who have come from far and near to participate in this workshop. Mr. A.R. Nanda has taken special interest in this particular meeting, by staying throughout the day and guiding the deliberations. Mrs. Indira Mayaram, State Minister of Family Welfare took special interest in the organization of this event, under the overall leadership of our Secretary, Mr. A.K. Garg.

My special thanks to resource persons Prof. T.K. Roy, Prof. K. Srinivasan, Mr. M.L. Mehta, Ms. Aradhana Johri, Mr. R.S. Kumat, Dr. Sudhir Verma, Prof. Rameshwar Sharma, Prof. L.K. Kothari, Prof. V.S. Vyas and Prof. N.K. Singhi and to Rapporteurs Mr. R.S. Srivastava, Dr. N.M. Singhvi, Dr. Suresh Joshi and Dr. S.D. Gupta.

Thanks to Prof. Shiv Chandra for preparing the first draft of this report, and to Mr. R.L. Bajpai for its editing. We are grateful to Dr. G. Narayana, Country Director, The Futures Group International for its final editing and bringing out the report in its present form.



Thanks are also due to Dr. S.C. Sharma Associate Professor and Registrar and the staff members of the State Institute of Health & Family Welfare and to the staff of the Population Resource Centre for providing administrative support and assistance.



January 31, 2000

(Prof. Ashok Bapna)
Population Resource Centre (PRC)
State Institute of Health & Family Welfare,
Jaipur.

In Brief

Rajasthan is the second state after Andhra Pradesh, to have released its Population Policy. The need for such a Policy has been keenly felt over the past several years, primarily, to concretise the perceptions of the problem, the strategies to overcome them, the implementation mechanism and the expected end results. The other major factor in adopting a Policy was to have a 'holistic' approach to the population issue, rather than limiting it to a demographic or medical perspective. The work on the Policy formulation started with the support of The Futures Group International. At the outset, two workshops were organised by IIHMR, wherein they sought the support of the state government, academicians, officers involved in service delivery, demographers and researchers. A volume of papers presented in these workshops provided the basis for developing a policy draft. An Expert Committee, headed by the internationally acclaimed economist, Prof. V.S. Vyas and constituted by representatives from the fields of physiology and fertility, sociology and administration, developed the draft. This draft was critiqued by a group of ministers and secretaries from various development departments. Subsequently, the draft was finalised, and approved by the state cabinet and released on 20th January, 2000 by the Chief Minister of Rajasthan.

Concurrent to the release of policy, a workshop was organised to suggest the strategies for its implementation. The highlight of this workshop was a symposium, in which country directors and representatives of various bilateral and UN Agencies expressed their perceptions. Subsequently, the resource persons and participants worked in four groups viz. Building Environment, Population Programme Management- Fertility and Contraceptions, Reproductive and Child Health Services, and Administrative and Management Issues in implementing the Policy. The reports of these groups have provided the basis of various strategies, which hereafter, the Government of Rajasthan will adopt for the successful implementation of this Population Policy. The recommended strategies are available in the chapter on Group Work in this report.

In the following pages, a text of the ideas shared by the different participants, a summation of the group-discussions and the commitment and sharing of experiences have been presented. Some ideas may be found to be repetitive, while others may appear isolated, but overall, the workshop turned out to be successful in 'brain-storming', and raising new dimensions. Implementators will find it a rich source for their work.

A state level Coordination Committee under the chairmanship of the Chief Minister, having representatives from various development ministries, has been constituted to oversee the implementation of this Policy. The Population Resource Centre, to be located in SIHFW, will act as the secretariat for its implementation. While releasing the Policy, the Chief Minister announced a token support of Rupees 10 lakhs from state funds to carry out the Policy related activities.

Inaugural Session



1. INAUGURAL SESSION

■	Welcome address	:	A.K. Garg
■	Opening Address	:	Indira Mayaram
■	National Scenario	:	A.R. Nanda
■	Policy Formulation	:	V.S. Vyas
■	Chief Guest's Remarks	:	Ashok Gehlot
■	Vote of Thanks	:	Ashok Bapna

Welcome Address

Sh.A.K.Garg, Secretary (FW)

It gives me great pleasure to welcome you all, on this historic occasion of the release of the Population Policy of Rajasthan this morning by our Hon'ble Chief Minister, to the workshop, following it, on developing Strategies for Implementation of the Policy.

It is a fortunate coincidence that our efforts on this issue are coinciding with the dawn of the new millennium. The preceding century was marked by a veritable population explosion in its later half. Take the case of Rajasthan for example. The decadal growth rate of 28% observed in the state in the 1991 Census was the highest in the country. While initially it took 63 years (from 1898 to 1961) for the state's population to double from one to two crores, subsequently, it took only 27 years to double from two to four crores (1961 to 1988). The state's population has crossed the five-crore mark in 1996 and will touch six crores in 2003 as per the prevailing trend. That is to say that, what happened earlier in 63 years will now happen in seven years! An alarming pace indeed.

In other words, we are standing today on a population volcano, with all its extremely alarming implications, like inadequate housing, dwindling water resources, mounting energy shortages, growing unemployment, traffic, pollution and poverty and many other problems. In fact, population growth is THE PROBLEM and most of today's problems emanate from this problem in one way or other. We have, as such, absolutely no time to lose, specially a country like ours which is adding an Australia to its population every year. We just do not have any time to lose. We owe it to posterity to address the problem in a holistic fashion. Population growth is a very complex problem, having as it does, cultural, religious, economic and political roots. Therefore, combating it calls for a matching array of strategies. The task is all the more complicated because the problem requires reaching out to almost every individual in every nook and corner of the country and that too on a sustained basis. This is one aspect that conclusively demonstrates the enormity of the task. This also underscores the fact that this is one



problem which no government department, or rather the government, acting by itself can adequately cope with. We have to involve all the departments, general public at large, private sector, NGOs, religious and mass leaders and all conceivable agencies. The task has to be approached holistically.

It is this urge to address the problem in its entirety that inspired the Rajasthan Government to come out with a well considered Population Policy. A large number of experts, in collaboration with the secretaries to the state government, directors, and other officials in the administration, prepared a draft population policy that was subsequently ratified by the cabinet under the dynamic leadership of the Hon'ble Chief Minister Shri Gehlot Ji. His presence, at the release of the Policy document this morning, is an indication of his commitment to stabilise the population growth and take the state forward on the path to development.

It would not be out of place to mention here that our worthy State Minister for Family Welfare has invested lot of her energies in understanding the issues and challenges of population management at the national and international level. Her enthusiasm has accelerated the process of policy development. May I also mention here that a number of donor agencies have taken deep interest in the Family

Welfare services of the state. At this juncture, we appreciate the contribution of The Futures Group International, in particular, in helping us to develop our Population Policy. We are heartened to have with us today, the Secretary (Family Welfare), Government of India. Sir, we are sure that your consistent support will boost our morale in executing the new Population Policy. We are confident that the Centre will always consider the difficult geographic and socio-cultural conditions of the state, in deciding allocation of funds to the state.

We are keen to popularise this Policy document by providing a perspective orientation, at the outset, to the political leaders, the bureaucracy and media experts at the state level. This is to be followed by a series of orientation seminars at the divisional and district levels. All these events will involve the intensive participation of government and non-government personnel from a wide spectrum of development sectors. This would accelerate the process of implementing the variety of steps indicated in the Policy to be released.

This afternoon will be devoted to elaborate discussions as to how to develop the strategies for implementation of the Policy. We do realise that meaningful progress is not possible unless the policy is backed up by detailed administrative mechanisms and strategies. We are looking forward

to the contribution of distinguished academicians and various experts who have gathered here. I am sure that despite regional differences, there are many problems, approaches and strategies that have a latent unity about them and could be of as much relevance to Rajasthan as to other areas. With

these words, I once again welcome our Hon'ble Chief Minister, State Minister of Family Welfare, Secretary (Family Welfare), Government of India, secretaries to the state government, distinguished academicians and experts in the population field.

Opening Address

Mrs. Indira Mayaram, Minister of State for Family Welfare

Population explosion is our biggest problem today. It is one of the most burning problems of our country particularly of the State of Rajasthan. Though population stabilisation efforts were carried out, so far, as part of the directions of the Government of India under the National Family Welfare Program in the state, the necessity for the state-specific policies and programmes was felt in the context of the difficult geographical, cultural, economic and social conditions of the state. For this reason, it was decided to develop a Population Policy, under the leadership and direction of our Chief Minister Shri Ashok Gehlot, for the smooth functioning of the family welfare programme. For this purpose, a committee of experts on the subject and eminent persons in the social sector was constituted to prepare the Policy document. At the same time, a Population Council was also constituted under the chairmanship of the Chief

Minister of Rajasthan, Shri Ashok Gehlot Saheb. The first meeting of this Council was held in Jaipur last year. Rajasthan is only the second state in the country where such a policy has been formulated for population control.

At the time of its formation, Rajasthan had a population of approximately 1.6 crores. By 2000, the population has more than tripled. While during the period 1901 to 1961 i.e. 60 years, the population increased by about 99 lakhs, the increase recorded during the last decade (1981-1991) was 97 lakhs. This is to say that, the population increase of the state in this decade is almost equivalent to the increase during the last 60 years. If the population continues to grow at this pace, it will cross the six-crore mark by the year 2003. Because of this rapidly growing population, the demand for additional resources is constantly growing in sectors like housing, education, clothing, food and health etc.



The unprecedented population growth, has intensified the problems of poverty, unemployment, drinking water and housing, which have become acute. This has also led to the emergence of new problems of environmental pollution and bottlenecks in transportation.

The prime reason for the rapidly growing population is the social and economic backwardness of the state. Reproduction is directly related to women's illiteracy. It is also related to the status of the women in society, poverty, the preference for sons and the low age of women at the time of marriage. The high infant and maternal mortality rate, the lower status of women in society and the high birth rates are hindrances in the way of adopting the small family norms. We consider the care of mothers and children, the reduction in their mortality rates, also the provision of full attention to their health, as our prime responsibility, in accordance with the advice of our hon'ble Chief Minister.

The child mortality rate in our state is 40 per 1000 live births, which is much higher than the national average of 31. Likewise, the infant mortality rate in the year 1995 was also much higher i.e. 86 per 1000 live births in the state as compared to the national average of 74. The high child and infant mortality rate in the state is a matter of concern for us since this also contributes to a higher population growth. Moreover, there is migration from other states as well.

The other major concern pertains to the high maternal mortality rate in the state. According to SRS 1997, the maternal mortality rate in our state stands at 677 per lakh live births. It is shocking that this is the highest in the country. It is also a matter of grave concern that the sex ratio which stood at 921 females per 1000 males in the year 1951 has come down to 910 females in the year 1991. The declining female-male ratio in the state is a clear indication of the declining status of women. It contributes to the low rate of women's education, to the marriage of girls at a lower age, to more pregnancies and to high infant mortality during the period of pregnancies.

The Policy, which has been conceived keeping in view the reality of the population statistics, the social conditions and social environment in the state, will help in stabilising and reducing the rapidly growing population. The Government of Rajasthan will make efforts, through this Policy, to reduce the size of the population and improve its structure and distribution, so that the quality of the life of the people and their values may improve. As such, an ideal Policy has been conceived keeping in view the total social, cultural and economic situation of the state. Rajasthan is only the second such state in the country, which has formulated such a population policy.

Under the new Policy, the RCH Programme will be effectively implemented in the state. This apart, the

IPD has been started in seven districts of the state, with the objective of informing the people about the reach of and the improvement in the quality of RCH services, safety and treatment services for reproductive infection that will improve the social and economic conditions of women. The Project will also impart information to adolescents about their health and physiology condition and responsible sexual behaviour.

In the new Policy document on family welfare of the Rajasthan Government, high priority has been given to the health of women and children. Special emphasis has been laid on the care of pregnant women during the pre-and post- natal phase, on arrangements for emergency treatment of complications during pregnancy, on immunisation of children, on acute breathing infections of pneumonia and diarrhoea among children and on the services pertaining to women for treatment of RTI's/STD's. To bring about qualitative improvement in the family planning programmes, the prescribed targets have been abandoned under the new Policy. Earlier, several incentives were offered to motivate people under the family welfare programmes, but for various reasons, these never become programmes of the people. Now all such incentives have been done away with. In place of these, community incentives are now being provided to good workers and to the villages doing good work.

While on the one hand, the State Government has extended and consolidated medical and health services, on the other hand, qualitative improvements have been made by extending the reach of these services. On the basis of community participation, a block has been chosen for establishing service centres for mother and child welfare. Other blocks are also being considered for the same. Under this scheme, one matriculate woman per village, is to be trained and posted in the maternity home of her village. The Government of India has appreciated this scheme of our state. Micro-sterilisation (without cut and stitches) is also being encouraged to increase male participation in the program. Under the scheme for midwifery training a target of training of 40,000 midwives has been fixed. Upto January 2000, 12,300 midwives have already been trained. Now community needs assessment of family welfare services is being done through surveys and annual micro-planning is being done by each sub centre/primary health centre in the district, on the basis of the collected information.

As I have informed you earlier, a Population Council has been constituted, under the new Policy, under the chairmanship of the Hon'ble Chief Minister to seek co-operation, active participation and for inter-departmental co-ordination. The ministers of the concerned departments, such as Women & Child Development, Social Welfare,



Education etc., as well as, the presidents of all political parties and a few eminent citizens are members of this Council. Apart from the evaluation of the family welfare programmes, this Council also performs the functions of policy formulation. An inter-departmental permanent committee has also been constituted. Such committees have been constituted under the chairmanship of the Collectors in the districts and under the Chairmanship of the Sarpanch at the Panchayat level.

As an expression of its strong political will and its determination to control the population, the Government of Rajasthan has effectively implemented the concept of the norm of two children for elected representatives, by amending the Panchayat Raj, Nagarpalika and Co-operative laws. A unique family welfare pension plan has been started to provide social security in old age. Raj Laxmi Yojana has been started with a view to encourage the people for sterilisation after two children and to reduce discrimination against girls and to enhance their welfare. This policy will help in controlling social evils, such as child marriage, illiteracy, dowry and female infanticide. A unique plan

entitled Jan Mangal Yojana has been implemented for the distribution of community based birth control devices. Through this scheme 1.45 lakh eligible couples have been provided condoms and/or oral pills. Presently, 13,554 Jan Mangal couples in the state are successfully providing their voluntary services.

The Government of Rajasthan has prepared the new Population Policy keeping in view the holistic health and population necessities of the state. In this new Policy, emphasis has been made not only on health needs and the empowerment of women, but on family and the coverage of services, as well. In this new Policy, the emphasis has been not only on providing all information for small family norms but also on provision of information on subjects pertaining to sex and reproduction.

It is hoped that while this new Policy of family welfare of the Government of Rajasthan will strengthen the concept of a small and happy family, it will also lead to a desirable improvement in the health of the mother and child with long term favourable results.

National Scenario

Mr. A.R. Nanda, *Secretary (FW), GOI*

I deem it a great privilege to be here on this very important occasion when perhaps the first State Policy is being dedicated to the people for whom it has been conceived. This dedication ceremony will be followed by a workshop, very rightly so, to strategise the implementation of the Policy. The seriousness attached to the development of effective strategies for this purpose deserves high appreciation. In fact, the national policy, which is under consideration by the Central Government, can draw lessons from this Policy, as well as that of Andhra Pradesh and the one in the process of formulation in Madhya Pradesh.

A population policy formulation ought to be started from the Panchayat level, and worked upwards. Rajasthan has taken a lead in this regard. We cannot escape the fact that growth of population has been very high over the last few decades. The decline in death rate has been much faster than the decline in birth rate, a simple explanation for the high growth rate in population. India, was one of the first countries in this part of the world, to develop family planning policy. It had set targets for contraceptive use, had set incentives and disincentives and had developed state-

specific solutions. Yet, some factors went wrong somewhere. This was acknowledged in the Conference on Population and Development in Cairo 1994. At this first international conference, India agreed to adopt a holistic development approach, that included an emphasis on education, water supply, nutrition, women development etc. Since 1997, we have stressed on a new approach known as the Reproductive Health Approach wherein a Target Free Approach has been followed. The aim was delivery of a better quality of service at the door-step of every household. This has involved a realistic assessment of every community's needs.

Rajasthan has experimented with several approaches. One of them was VIKALP under which a district-specific management approach was stressed. It was seen that with suitable modification, this can be replicated in other districts. The formation of self help groups was also proposed. Even tribals and people in difficult to access areas have to be involved. They should perceive the reproductive health of women in the proper perspective. This is the greatest challenge, we face in India today.



I am very happy to see that Rajasthan has recognised the defects in various phases and has now developed the Policy in an effective manner. Prof. Vyas will touch upon these issues in greater detail but I would be failing in my duty if I do not mention a few management issues. The main plank of this Policy should be that of education of women in a State where the drop-out rate is very high. The gender issue is extremely important, age at marriage is another important issue. If growth rate has to be brought down to 2.1 by 2016, enforcement of the law, along with social awareness, has to be taken up vigorously. District surveys conducted recently have shown a very high percentage of girls being married before the age of eighteen.

Only social awareness can reduce it.

Rajasthan's IMR is also one of the highest, probably second only to Orissa. Child survival strategies can also create an environment towards stabilisation of population. There is necessity for serious action on the front of filling vacancies in rural health services and operationalisation of services. The Government of India too is willing to extend help for emergency services for obstetric care and for hospital services for referral cases. This will help in reducing maternal and infant mortality rate to a great extent. We are also open to any suggestions from the State Government for further improvement of the reproductive health program.

Policy Formulation Experience

Prof.V.S.Vyas, Chairman, Expert Committee

It gives me great pleasure to present to you the process of policy formulation, our basic approach and the issues in implementation. Previous speakers have highlighted Rajasthan plight in this context. Notwithstanding this, the growth rate has been declining over the last few years and if nothing further is done, the State's population will stabilise in 2046 when it will reach close to ten crores.

The state accounts for 5% of the country's population, while it has only one percent

of the country's drinking water resources. The same can be said of many other resources including infrastructure and institutions required for development services. Our effort is to suggest measures by which population stabilisation can be achieved at an early date. It is not merely the quantitative growth of the population that we were concerned with while formulating this policy, we have planned for qualitative change as well. The issue of gender discrimination has also been addressed.

There is a need to look at population issues in a holistic way. With this perspective, a committee was constituted which had a unique combination of a scientist who is a fertility expert and physiologist, a sociologist, a representative from the UN System, a retired bureaucrat and a social scientist from this medical Department. The Committee had the advantage of a background paper prepared by IIHMR. This multi-disciplinary committee met people from various walks of life to understand their perception of population issues. We were fortunate that the secretaries of various departments were very forthcoming in their suggestions. It is for these reasons that the committee has been able to come up with a full policy draft within a three month period, whereas, normally such committees take a long time before any results are produced.

Let me narrate the steps taken by us. Rajasthan is the second state to formulate such a policy. We had the advantage that Andhra Pradesh had launched its population policy. This is the advantage Madhya Pradesh will have over us. As a first step we decided not to get trapped in the numbers game. We stressed on quality, assuming that quantitative correction would spontaneously follow. We saw to it that family planning remains a non-cohesive and willing decision making process. Small family norm has other correlates which have significant socio-economic compulsions. The reducing IMR, MMR,

infertility and gender equality are the four basic determinants towards the small family norm. The problem in the next stage was to provide a set of alternatives to the people, informing them what would be most workable in their situation.

Mr. Nanda very rightly pointed out to the serious problem of age at marriage in Rajasthan. Basically it is a social and cultural problem. Eventually social and cultural institutions have to be brought in to address the issue. The state should provide the required information and education to generate an environment that will motivate small families and ensure that the services required by willing people are available.

Finally, I shall like to underline the overriding consideration in developing implementation strategies for this Policy. The client should be at the centre. Decentralised plans taking in to consideration the community need assessment should be the focus. The involvement of the highest persons in the Government in implementing the strategies raises the level of optimism. Rajasthan has the fortune of a committed Chief Minister and there is much hope for the success of the policy. We were convinced when we found that the Chief Minister has spent lot of time in understanding the issues elaborated in the Policy.

We have proposed goals and objectives. The goal is population stabilisation by



2016. It is imperative that state should immediately start working on it. We have suggested milestones to ensure where we are and whether we are progressing on the right path. It is

because of the Chief Minister's and Family Welfare Minister's support that we could complete the task given to us. We are hopeful that this Policy will succeed at all costs.

Chief Guest's Remarks

Sh.Ashok Gehlot, *Chief Minister, Rajasthan*

It is a great pleasure to be here amongst a number of experts working in the field of population management. Previous speakers have elaborated on the issues related to population policy in great detail. Population explosion is now affecting the quality of life of people. It is the rapid growth of population which nullifies the efforts made for development. In this country, a good cause of containing rapidly rising population was defeated due to wrong implementation. Since then, a national debate is going on to evolve best possible ways to stall the rapidly rising population. It is high time that the issue of population stabilisation should be taken up seriously. We have to forcefully create a singular opinion throughout this state in favour of the small family norm. Due to the inefficacies in the implementation of our population stabilisation programme, the state has fallen short of achieving the goals that it had set for itself. This is one issue which should get everybody's attention. Population stabilisation should remain above party politics .

I am told that in 1947 the land availability per person in Rajasthan was 11.5 hectare, which now stands at 4.11 hectare per person. The challenge of making water available in the face of a rapidly growing population is becoming increasingly serious. Similar situations exist in almost all the sectors where development efforts are on. The government has been, and will keep providing welfare services but a satisfactory state of welfare cannot be achieved unless communities are involved in the process of development. We reviewed the status of education and literacy in the Golden Jubilee year of Rajasthan. To carry the literacy campaign to the most remote areas, we started the Rajeev Gandhi Swarn Jayanti Pathshala's throughout the countryside. Besides the Lok Jumbish and Shiksha-Karmi projects, the state is making efforts through the DPEP to enhance the educational status of the population. A sum of Rs. 1,010 crores have been assigned to DPEP to give a thrust to education. We understand that educated people do not need any special motivation or, do not need to be specially targeted in our communication efforts

before they accept the small family norm. The will to limit the family comes easier for educated couples.

The previous government took a laudable step by modifying the Panchayati Raj Institutions Act, wherein, a person with more than two living children would not qualify to contest the elections. We appreciate it and will retain this provision with necessary modifications in the coming election. There is a need to spread such legislation. We feel that any person having more than two children should not qualify for any position in the public sector, including government jobs. Unless such hard decisions are implemented, we will not be able to build a true environment favouring small families.

We own the responsibility to provide the best possible medical care to our people.

Recently we started the Mukhya Mantri Jeevan Raksha Kosh with the hope that people's need for medical care will be met. Soon after, we realised that the cost of medical care and the claims of social security schemes are rising steeply. We strongly feel that those who claim subsidy or any advantage by virtue of belonging to the reserved category, should first honour the small family norm.

I welcome all the foreign dignitaries. I am sure that your contribution to the subsequent session will help crystallise the new intervention strategies for population stabilisation in Rajasthan. On this occasion, I am pleased to announce a lumpsum token grant of Rs. 10 lakhs (Rs. one million) to the Population Resource Centre (PRC), to enable it to start population stabilisation activities in the state.

Vote of Thanks

Dr.Ashok Bapna, *Social Scientist*

At the outset, we are grateful to the Chief Minister Shri Ashok Gehlot who in spite of being in a difficult situation was well in time and expressed his political will by announcing a grant of Rs. 10 lakh to the PRC. Thank you is the simplest expression of our gratitude to your contribution. Your presence here is an expression of your genuine concern

about the rising population. By 2016, we have to bring the state's population growth rate down to 2%. The Chief Minister has already taken the bold step of forming the state Population Council. At its very first meeting, Chief Minister took a deep interest and encouraged the Experts Committee to bring out a policy document, at the earliest.



Our State Minister for Family Welfare, Mrs. Indira Mayaram is always available for this good cause. The Chief Secretary of the state has given top priority to the population issues. The Secretary, Family Welfare, Government of India has encouraged us to proceed with our policy. Distinguished representatives from UNFPA, The POLICY Project, The Futures Group International, USAID, UNICEF, SIDA, European Commission, SIFPSA and Chetna have given us unflinching co-operation. I express my deep appreciation to all these agencies whose constructive and positive contributions have encouraged us to proceed with fulfilling the goals of the Population Policy. I must confess that the process of formulating the Policy and today's workshop owe a great deal to Dr. G. Narayana of The POLICY Project, The Futures Group International. We are grateful to resource persons like Shri M.L. Mehta former Chief Secretary, Shri R.S. Kumat former Chairman, Revenue Board, Ajmer, Shri Ram Lubhaya, Health Secretary, Dr. T.K. Roy,

Director, IIPS, Mumbai and Prof. K. Srinivasan, Director, PFI. We gratefully recognise the presence of the secretaries to the state government present here. We are appreciative of the efforts of IIHMR, who prepared the first draft on the basis of the workshops organised, to identify issues and challenges. The committee headed by Prof. V.S. Vyas, having experts like Dr. L.K. Kothari, Dr. N.K. Singhi and Shri R.L. Bajpai was successful in bringing out the revised draft, which has become the basis of this Population Policy. We are grateful to them all. We are grateful to all the participants in this workshop.

It is the untiring efforts of a team of persons and the Secretary (Family Welfare), that have organised such an event. The contributions of the Director (Family Welfare), Director (IEC), faculty and staff of SIHFW are appreciated. We hope that with sustained support from all sectors of development, Rajasthan will be able to achieve the goals laid down in the policy.

Implementing Strategies – Reflections from International Agencies



2. IMPLEMENTING STRATEGIES - REFLECTIONS FROM INTERNATIONAL AGENCIES

■	UNFPA	:	Michael Vlassoff
■	Project Policy	:	Harry E. Cross
■	USAID	:	Victor Barbiero
■	Population Foundation of India	:	K. Srinivasan
■	Chairperson's Remarks	:	A.R. Nanda

UNFPA

Michael Vlassoff, Country Director, India & Bhutan

UNFPA has been historically involved in formulating population policy in many countries. Some times, these policies have been just pieces of paper. They gather dust. In the case of Rajasthan, this is not going to be the case. When politicians at the highest level are involved with policy implementation, it is possible to achieve the desired outcome. It has been observed that for want of sufficient political will, the policy document remains nothing but a piece of paper. In the case of Rajasthan, the visible political will gives a lot of hope for its effective implementation. The participation of different stakeholders in formulating the Policy gives a lot of optimism. All in all, everybody involved deserves congratulations.

It's time that the initiative on population issues shifts to the states. Rajasthan is a big State, bigger than many countries of Sub-saharan Africa. Hopefully this Policy will set a trend where the role of the Centre will be restricted to focussing on deciding the desirable trend. The Policy indicates the role of various players in solving population problems. Its a blueprint of how Rajasthan wants

to slow population growth. Serious action towards its implementation must now be taken.

The issue of the age at marriage has been well elaborated in the Policy document. The socio-cultural environment in the state needs to be steered in the proper direction to increase the age at marriage, thereby reducing the fertility span. Integrated efforts by the Education and Women and Child Development Departments can make a dent. This is exactly what has been proposed in the Integrated Population Development projects in the seven districts of the state. The government may also legislate the registration of all marriages as a means to put a stop to child marriages.

The Policy seems to be lengthy, data-oriented and demographic in nature but is well balanced. The goals laid down in the Policy document should be known to one and all working in the development sector. Eventually, the Policy document should be disseminated at the Panchayat level. Serious action, in terms of allocating more budgetary resources,



fixing accountability, recruiting young energetic persons on a contractual basis, developing innovative ideas for remote areas and organising HRD activities, has to be taken. Panchayats should be fully involved in this work so that they become

a guide for the local community. If IEC - which so far remained neglected- can be reactivated, it may help evolve commitment. I wish all success to the Policy you have released today.

Policy Project

Harry E. Cross, *Director, Policy Project, TFGI*

Hon'ble Minister Mayaram, Mr. Nanda,
Ladies and Gentleman,

I have been requested to say a few words on this auspicious occasion. I commend the people who have been involved in the making of this Policy. I have worked in forty countries in evolving policy over the last twenty years. I see a tremendous potential in making a change through this document unveiled this morning. It is heartening to note that the views of clients, providers, academicians, politicians etc. have been incorporated in this Policy. Such a participatory process of developing policy is commendable.

This document looks at population and fertility in a wider perspective. It focuses on gender issues. The age at marriage has also been stressed. It recommends looking after reproductive health in the pre-teens. The operational strategies suggested in this document certainly give direction. May I also say this about the implementation strategy that the

first decision should be from where to start. All the tasks that have been identified can be done but which is the one to be done first should be decided on the basis of which one has the greatest impact. There is a need to identify and prioritise the strategies. The one which seems to have the greater impact should be taken up first. This process will take into consideration the institutional, social and financial feasibility.

We had taken the support of the State Institute of Health & Family Welfare in organizing a IEC workshop in 1997 to develop district specific communication plans. We also worked with SIHFW in organizing a training programme on computer software for population projections. We also did a study in the area of financial implications in Reproductive Health and are currently involved in research on organizational restructuring. I understand that the output of all these academic exercises is at the disposal of the state and it can

make best use of them in achieving the goals of this Policy.

There is also a need to make certain changes in the management. We have observed that 40 percent of the doctor's time goes in administrative work. This

could be rectified without any adverse consequences. The Policy gives the state the opportunity to put up the strategies to the Government of India/Donors, while it retains effective control over its initiative. I wish all success to the Policy released today.

USAID

Victor Barbiero, *Director, PHN Division*

Secretary Nanda, distinguished guests, ladies and gentlemen.

It is a great pleasure to be here today, and I would like to thank the Government of Rajasthan for the invitation to this very important workshop.

I am delighted to be here and very pleased that USAID could help provide support to the development of this excellent population policy through our POLICY Project.

We are proud to have helped in the dissemination of the Population Policy and to have provided technical and financial assistance when needed.

Rajasthan is the second State to have developed its own population policy. It was developed in an open, congenial and thoughtful environment, supported by the highest levels of government. This is truly commendable and I wish to heartily congratulate the

architects of the Policy for an excellent job.

Given the ethnic, cultural, economic and geographic diversity of India, we support the view that state specific policies should be designed to meet the needs of people in the states. Guided by a supportive and flexible national policy, rapid progress can be achieved.

The goals of this policy are ambitious, yet practical. With devotion, political will, financial commitment and hard work, they can be achieved.

2016 is not very far away, and work must begin now. Today's workshop is an excellent, and a very appropriate beginning.

I believe the goals set out in the new Policy set the foundation for success.

Increasing the age of marriage, reducing maternal mortality, reducing child and



infant mortality; reducing reproductive tract infections, addressing infertility issues, and of course reducing fertility; are all key elements of achieving replacement fertility.

Linking these goals to women's rights, female literacy, improved nutrition and child labor issues indicates a true appreciation for the complexity of the challenges we face, and also a realistic view of how to meet those challenges.

The involvement and co-operation among the public, community, NGOs voluntary, private and social segments of the state are also essential to the success of the Strategy. If these segments truly work together toward the common goals, great strides can be made in a short period of time. How to structure and support this cooperation will be a challenge in the long term.

As I mentioned earlier, USAID is proud of its role in the development and dissemination of this excellent Policy. But other donors were, and are, involved as well.

Because more than one donor provides assistance to Rajasthan, it is essential for the Government of Rajasthan to coordinate inputs and maximize synergy.

USAID can continue to provide appropriate technical assistance to help implement the Policy. We can help with the annual planning, specific aspects of

operations research, and in dealing with the challenges of service delivery and positive behavioural change.

As many of you know, USAID provides technical and financial support to Uttar Pradesh through our innovations in Family Planning Service Project (IFPS) and its implementation unit, SIFPSA.

This effort has yielded sterling results and has identified key aspects of sound management, performance-based planning and impact assessment.

SIFPSA efforts in Uttar Pradesh provide an excellent opportunity to explore lessons learnt, and I am sure Ms. Johri and her staff would be pleased to share their experiences with their Rajasthan colleagues.

USAID could also help the Government of Rajasthan further enunciate and implement the process of reform in the health sector. The workshop earlier this week was an excellent beginning, but follow-up will be essential if the reform process is to succeed.

In my view, today marks the beginning of a new era. We have gathered to launch a new, progressive policy, that will improve the well being of millions of Rajasthani citizens, women, children and men alike.

But the Policy is only one of the first steps. Translating the words into action is the next challenge. And indeed, action

on many aspects of the new Policy will be formidable.

However, I am certain that given the commitment we have seen here today, words will become action, challenges will be met directly, and success will be achieved.

In conclusion, I wish to again congratulate the Government of Rajasthan for adopting the new population policy. We wish you the greatest success, and hope we can provide further assistance in the future to help implement your vision.

Population Foundation of India

Dr. K. Srinivasan, *Director*

The decision to have a state-specific population policy is a landmark in the development of this country, where for decades we considered that the population policy should be the prerogative of the Government of India. Let me share with you that I was there when the first population policy was formulated way back in 1976-77, under the leadership of Dr. Karan Singh, the then Health Minister at the Centre. But people hardly knew of that policy. We now find that policy formulation involves a number of stakeholders and efforts to create awareness on policy is taken to the grassroots.

In a country with demographic diversity, the emergence of state policies can take care of the nitty gritty of population issues at the local level. Andhra Pradesh, which was the first state to finalise a population policy, had altogether different priorities from Rajasthan and from Madhya Pradesh.

The latter, which is now on the way to formulating a policy, is also probably conscious of involving all the stakeholders. The process, of formulating the Policy, followed in this state (Rajasthan) has been excellent. There is now need to thoroughly examine the content of this Policy and identify the inter-face with other policies concerning family life, education, women and child development, etc. There should be institutional in-built mechanisms for inter-departmental cooperation.

The Policy indicates the thrust on the RCH programme under which 13 tasks have to be carried out as part of a wider approach. The ambitious goals in the Policy should be matched by resources, for example, detecting and treating all RTI cases itself requires large amounts of money. At this juncture, there is a need to initiate privatisation, not merely to provide curative services to those who



can afford to pay, but also to seek indulgence of the private sector in monitoring.

There is need to prepare a more realistic plan so that proposed actions can be undertaken with the available resources. There should be a vision for the long term, whereby care may be taken to

strike a balance between resource dynamics and actions to be undertaken.

Lastly, as you initiate the dissemination of this policy, concretise the role of the institutions at different levels, starting from Panchayat to the state government, for implementing the policy. My best wishes.

Chairperson's Remarks

Sh.A.R. Nanda, *Secretary (FW) GOI*

I appreciate the observations made by representatives of USAID, The Futures Group International's Policy Project, UNFPA and the Population Foundation of India. Their reflections indicate the need to crystallise the strategies for implementation of this Policy. At the outset, I would like to mention that the policy-draft prepared by the Swaminathan Committee has lucidly taken care of developmental issues. Other states, now on the way to policy formulation, can draw lessons from it.

There is a need to coordinate with the departments of Finance, Rural Development, Panchayati Raj and Social

Welfare for effective implementation of this Policy. There is also a need to carve out from the State Population Council, a small body which may look after the proper implementation of the population Policy.

The Centre will act as a friend, philosopher and guide to your Policy. You will have to devise the best course for its implementation. Speakers from various funding agencies have given you excellent ideas. The path ahead seems to be full of opportunities and success. I convey my best wishes for the success of this Policy

Group Work



3. GROUP WORK

■	Introductory Remarks about Group Work	:	A.K. Garg
■	Building Environment	:	M.L. Mehta
■	Population Programme Management of Fertility and Contraception	:	Victor Barbiero
■	Population Programme Management- Reproductive and Child Health (Excluding Contraception)	:	Sudhir Verma / A.K. Garg
■	Population Programme: Administrative and Management issues in implementation	:	R.S. Kumat

Introductory Remarks about Group Work

By A.K. Garg, Secretary (FW & Ayurveda) GOR

Since 1931, the growth rate in Rajasthan's population has been consistently above the national growth rate. The decadal growth rate of 28 percent observed in the state in the 1991 Census was the highest in the country. Trends in population growth in the state have shown that, while initially it took 63 years (from 1898 to 1961) for the state's population to double from one to two crore, subsequently it took only 27 years to double from two to four crore (from 1961 to 1988). The State's population has crossed the five crore mark in 1996 and is expected to touch six crore in 2003, as per current trends of growth rate.

The TFR of the state is 4.4, which is the second highest among all the states. Similarly, the CPR of Rajasthan is also higher than only Uttar Pradesh (31.8%), IMR has also stagnated at 86 per 1000 live births for a fairly long period in the early nineties. Under such circumstances, if concrete action is not taken, the state's population will reach close to seven crore in 2011 and cross the figure of ten crore before the middle of this century.

The Policy has envisaged that the CPR should eventually be raised from the current level of around 40 percent to 60 percent within next ten years. To achieve this goal, the Policy aims at integrating the various services delivered within the health sector viz. contraceptives, antenatal care, deliveries, postnatal care, child care and treatment of RTIs. Besides the medical intervention, social engineering of people's changing behavior, informing them of the wide range of choice, community participation and sustainable efforts are required.

As indicated in the Inaugural Session, steps like the formation of the State Population Council, the committees at different levels and strengthening the service delivery system, have been introduced into the system. Coordinated efforts have to be made by the different development sectors, 18 departments have been identified in this context. Innovations are required on the social marketing front. Assistance from the cooperative sector and partnership with the private medical sector is also required.

Specific interventions like enhancing female literacy, empowering women, gender equity, raising the age at marriage, male participation and local-area-specific IEC efforts are required. Quality of the services to be delivered also needs improvement.

In this background, we have formed four

groups as indicated in the programme. They will work for two hours under the guidance of the respective chairpersons with whom we are sharing the terms of reference for the respective groups. These TORs are basically drawn up on the basis of guidelines suggested in the Policy document released this morning.

Group-1

Building Environment

Chair Person	:	M.L. Mehta
Resource Persons	:	Harry E. Cross N.K. Singhi
Facilitator	:	Udai Pareek
Rapporteur	:	R.S.Srivastava

The group dwelt upon the issues that help build a positive environment for achieving the goals proposed in the Population Policy, which are Items 6.2 to 6.6 in the Policy document; these include female literacy, IEC, age at marriage, gender equity and the distribution of awards. There is a full fledged IEC Bureau functioning in the state since over a decade now. It has taken up a number of campaigns like village contact drives on immunisation and safe motherhood, joint training of grassroot functionaries, observations of health related days and communication plans for various districts. State

governments have also taken a positive step of “Building Environment” by legislating the Panchayat Raj Institutions Act, wherein any person having more than two live children would be debarred from contesting the elections for local bodies. The TLC and post-literacy missions now in operation throughout the state is another major landmark. Against this background, the group came up with the following recommendations :

1. Rajasthan being a large state has diversified communities. Eventually, area specific plans are required

to accelerate the population stabilisation.

2. It has been observed that increasing the number of educated women increases the use of one or another type of contraceptive. Stress on female literacy can eventually increase the number of educated women and thereby, the number of contraceptive users.
3. The state is running a number of welfare schemes, which are compartmentalised. There is an urgent need to converge the various development programmes. It would automatically enhance the effectiveness of development services and help build a positive environment for population stabilisation.
4. The people of the state are of various religions. There is often an undue feeling of insecurity in a particular religion on account of its low

numerical strength. The system, as usual, will honour all religions equally and tap the strength of various religion leaders in establishing harmony in the community.

5. With increasing privatisation in the health sector, there is a need to increase the networking between the private and public sectors, so that potential clients of fertility regulation may get the due services from the outlet of their choice.
6. There is a need to evolve a status paper at the district level which will take cognisance of the history, ethnography, the stage of development and specific requirement of a given district.

There is also need to continuously carry out the impact assessment of various development interventions, the results of which may help steer the process of “Building Environment” in a positive direction.



Group-2**Population Programme Management of Fertility and Contraception**

Chair Person	:	A. Johri
Resource Persons	:	T.K. Roy
		K. Srinivasan
		L.K. Kothari
Facilitator	:	Shiv Chandra
Rapporteur	:	N.M. Singhvi

The group dwelt upon the delivery of contraceptives through and beyond the health care delivery system. These issues have been well covered in the Policy document. They include safe abortion and post-abortion care (6.11.3), various family planning services (6.11.7), promotion of temporary and permanent methods of family planning (6.11.8), social marketing of contraceptives (6.11.14) and research and development (6.11.17).

The group examined these issues in the light of the current CPR of 38% which has to be raised to 68% (proposed rise of 30 points) by 2016. The current trend, as observed through a rapid household survey in 15 districts, reveals that 52 percent of total births are of birth order three and above. The unmet need for limiting methods is 21 percent and that for spacing methods is 32 percent. Thus, the aggregate unmet need is 53 percent. The household visits by ANMs is of the order of 18 percent. In a study carried out in three districts of the state, the

complications rate was found to be 47.7 percent. In this light, the Group evolved the following recommendations :

1. Safe Abortion services can be improved by giving a thrust to early recognition of pregnancy. This is possible by increasing IEC for pregnancy registration and making available the test kits for pregnancy.
2. The Government of India shall be urged to issue clear guidelines for Menstrual Regulation methods. Increased availability and use of MR methods can help achieve population stabilisation at a faster rate.
3. The strategy for MTP training needs revision on two fronts. First, the centres imparting MTP training have to be increased. Secondly, the doctors who go through this training, need placement in institutions where their skills can be utilised.
4. Stringent measures to curb female

- infanticide can also improve the Safe Abortion services.
5. The Information Campaign has to be decisively launched at the peripheral level so that village and slum dwellers may use contraceptive on the basis of informed choice. The supply of contraceptives has also to be streamlined. Quality care has to be taken in IUD insertion and in selecting the users for oral pills.
 6. Clinic-based NGOs should be supported for effective delivery of contraceptives.
 7. The current decentralized planning process needs thorough supervision. The reasons for not achieving the expected level of achievement needs investigation.
 8. Male participation can be ensured by introducing special incentives like increasing the scope of Raj Laxmi for vasectomy acceptors.
 9. If State Government employees below the age of 35 years accept vasectomy, with not more than two live children, they can be given the incentive of one annual grade increment.

Group-3

Population Programme Management - Reproductive and Child Health (Excluding Contraception)

Chair Person	:	Dr. Sudhir Verma/Mr. A.K. Garg
Resource Persons	:	Victor Barbiero
Facilitator	:	S.C. Sharma
Rapporteur	:	Suresh Joshi

The Population Management Programme can be managed successfully, if in addition to contraceptive delivery, the other reproductive and child health needs of the community are attended to. The Policy highlights these issues in terms of promoting responsible parenthood (6.11.2), child health issues

(6.11.6), infertility (6.11.9), RTIs (6.11.10), improvement in the quality of services (6.11.11), micro-planning in terms of target-free approach (6.11.13), special needs for urban areas (6.11.15), HRD issues (6.11.16), research and development (6.11.17), and evaluation and monitoring (6.11.18). Appreciating



the sparse population density and difficult terrain of the state, the Group felt that distinct strategies are required for accessible areas and those which are difficult to reach. Thus separate strategies are suggested for the two:

Difficult to Reach Area.

1. A TBA (dai) has to be identified and trained to deliver essential obstetric care at the village level. The training package of such dais should be birth based i.e. well conversant with skills required before, during and after birth. TBAs should be trained in a way that they may develop effective linkage with the health system. In the long run, the dais so trained should be able to establish their

credibility and be recognized by the community.

2. An effective needs-based communication package in the context of RCH needs to be prepared.
3. The Annual Plan should provide scope for reaching out with special teams on a periodical basis. Such visits should be well publicised before the event.
4. The various RCH activities (like antenatal examination, immunisation, detection for RTI etc. can be clubbed with available opportunities like PPI day or Family Week for HIV/AIDS.

Group-4

Population Programme: Administrative and Management issues in implementation

Chair Person	:	R.S. Kumat
Resource Persons	:	M. Vlassoff
		G. Narayana
		R.L. Bajpai
Facilitator	:	Subhash Vijay
Rapporteur	:	S.D. Gupta

The group dwelt upon the current administrative structure and the changes required in it for effective execution of population issues. These issues covered the strengths and

weaknesses of current organisational structure and systems and the role of various departments in sharing the population management program. The latter is well elaborated in the seventh

chapter of the Policy document. The group recommended :

1. Dissemination of policy at all levels by: identifying the role of stakeholders on a sectoral basis, as there is a need to highlight the expectations from a particular sector. However, the integrated face of the policy should be maintained.
2. The State Population Council should be supported by an Executive Committee headed by the Health Minister or the Chief Secretary to facilitate timely review of Policy implementation.
3. Population Policy should be a permanent agenda item in all the meetings of the State Planning and Co-ordination Committee.
4. An Inter-sectoral Co-ordination Committee at the state level be constituted. Each department should
5. Presuming the administrative transfer of peripheral health institutions in the rural areas to the Zila Parishad, one committee under the control of Zila Parishad may be constituted in each district thereby avoiding multiplicity of committees.
6. In the context of shifting the various Dy. CMHO offices at sub-district level and proposed transfer of rural health services to the Panchayat Raj System, there is a need to reconsider the relevance of District Family Welfare, Bureau.
7. In the long run, decentralised planning has to be strengthened by involving PRIs and NGOs working in the health sector.
8. There is a need for flexibility in the utilisation of funds provided by the Central Government.





Strategies for Implementation of Rajasthan Population Policy



Valedictory Session



4. VALEDICTORY SESSION

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|---|-----------------------|---|-----------------------|
| ■ | Chief Guest's Remarks | : | Elizabeth Schoenecker |
| ■ | Valedictory Address | : | A.R. Nanda |
| ■ | Vote of Thanks | : | Shiv Chandra |
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Chief Guest's Remarks

Elizabeth Schoenecker, *Senior Social Analyst, USAID*

It has been fascinating to listen to the discussions held here since morning. It seems from the reports of the groups that rich discussions took place in each group. I shall not repeat the recommendations that seem important, I will skip that part.

As one of the USAID Policy Project managers-I am glad that the Policy project could do something for your state. It has helped to draft the document you decided upon. Both USAID and The POLICY Project, The Futures Group International have learned a lot from it.

1. Although your concern is stabilisation, the focus is not on numbers but on the people, behind those numbers.
2. Slowing population growth does not involve mere policy formulation. It involves many issues in other sectors i.e. education, infant mortality, child labour, and so on. You have recognised them all.
3. You have developed the Policy in a very participative manner. This is a

time consuming process. There are huge benefits from doing so. First of all, it provides a space for all the voices which matter. How can you meet the needs of the various people, who you have listed there. Participation creates stakeholders. People who buy the policy own it. Policy would then be sustainable.

It is a living document, not just a piece of paper. You are creating a north Indian model on the basis of which two states will be able to share their experiences i.e. Rajasthan and Uttar Pradesh. People of other states can develop their own strategies. You will give us the opportunity to hold up the north Indian model as a lesson to others. In formulating the Policy, you have completed one part of the policy making.

The second part, that of implementation, starts from today. You have to prioritise the various implementation strategies. Now that I have seen the first part, I will be curious to see the second part of it, too; that is, the implementation of the Policy that you have unveiled today. My best wishes for the success of this Policy.



I shall be checking my e-mail regularly to view the good news from Rajasthan. I wish to congratulate you on this

occasion and convey my best wishes for the success of this Policy.

Valedictory Address

A.R. Nanda, *Secretary FW, GOI*

I have benefited from all that I have heard since morning. I visited IIHMR while you were involved in your group work. Fortunately, you have such infrastructure in the private sector. They are not just a business group, they are working with a certain mission.

The group reports indicate that there is a proposal for a greater involvement of the corporate and private sector in such programmes. Rajasthan is home to a large number of legendary business groups. Their involvement could be tapped with the correct approach. We have tried this approach in the Pulse Polio campaign and we are now trying to involve the corporate sector for the success of the RCH Project. Many new ideas have come from among them. The corporate sector has a wide presence. Rajasthan has an advantage in this context. We should synergise activities to elicit inter-sectoral co-ordination. I found the response from the secretaries of the concerned departments in the state to be positive.

The role of the private sector in the health care delivery systems in different states is expanding. They have won the

people's trust through the quality of care provided by them. They do not merely supplement, but they supplant the government's efforts. We are thinking of accrediting them; this will allow them their due status in the health care service delivery system. These players may be from any system of Indian Medicine. We cannot ignore them. I shall leave it to the Government of Rajasthan to take these factors into consideration.

I should like to elaborate on two points in the context of the Central Government's role. That the states will have their own policy is a theme that is being built into the national population policy guideline. Secondly, I would also like to clarify that none of the RCH programmes have been developed by the Government of India on its own, but on the contrary, only after repeated consultations with the state governments. Basic minimum services have been decided in consultation with the states. When it comes to RCH, the action plans are prepared on the basis of community needs assessment. Funding is determined on the basis of these needs. The Government of India

is open to mid-course corrections. I think the partner agencies present here would always be available to make any changes, if required.

For the referral transport which was considered important by all states, we

have given funds to the Panchayats. These funds could not be spent by them. In this transition phase, from a bureaucratic set up to the Panchayat and participatory system, managers should learn to bear with change.

Vote of Thanks

Shiv Chandra, *Professor, SIHFW*

At the outset we are grateful to Shri A.R. Nanda, Secretary (Family Welfare), Government of India. His presence contributed immensely to the inaugural formulations in the morning. Sir, we have come away far richer from the two sessions which were subsequently chaired by you.

We are very grateful to the various funding agencies who have supported us in the policy formulation at today's workshop. We appreciate the contribution of The POLICY Project of The Futures Group International, whose representatives Mr. Harry Cross and Dr. G. Narayana are here. We wish to gratefully acknowledge the presence of Elizabeth Schoenecker, from USAID Washington, and Victor Barbiero, Director, PHN Division, USAID. We are very grateful to UNFPA, whose Country Director Michael Vlassoff is here today, with his team. We have always received support from UNICEF to whom we wish to convey our

thanks through Dr. Suresh Joshi, present here.

We wish to place on record the contribution of Shri M.L. Mehta, Ms. Anuradha Johri, Shri Sudhir Verma, and Shri R.S. Kumat, who chaired the respective group sessions. In addition to the contribution from representatives of funding agencies, these groups also had the benefit of the expertise of Dr. K. Srinivasan from PFI, Dr. T.K. Roy from IIPS, Prof V.S. Vyas, Dr. L.K. Kothari and others. The excellent group reports prepared by each rapporteur deserve praise.

We are all appreciation for the press, the television networks and Akashwani, for effective coverage of this event.

It is not possible to organise such an event without the full support of various agencies. The Director (Family Welfare), Dr. N.M. Singhvi and Director (IEC), Shri R.S. Srivastava, generously supported



us. The team of young persons in SIHFW has toiled hard to prepare the background material and all the correspondence on this subject.

We also appreciate the support from the staff of Hotel Clarks Amer. We are very grateful to all the participants who have

contributed their expertise, in one way or the other, to this workshop.

Last but not the least, is the contribution of our beloved Secretary, Shri A.K. Garg whose presence always encourages us to undertake hard work.

Appendices



Strategies for Implementation of Rajasthan Population Policy

5. APPENDICES

■	Abbreviations
■	Programme
■	List of Participants

Abbreviations

ANM	- Auxiliary Nurse Midwife
CMHO	- Chief Medical Health Officer
CPR	- Contraceptive Prevalence Rate
DPEP	- District Primary Education Programme
FW	- Family Welfare
GOI	- Government of India
GOR	- Government of Rajasthan
HIV/AIDS	- Acquired Immuno Deficiency Syndrome
HRD	- Human Resources Development
IEC	- Information, Education and Counselling
IFPS	- Innovations in Family Planning Service Project
IIHMR	- Indian Institute of Health Management Research
IIPS	- International Institute for Population Sciences
IMR	- Infant Mortality Rate
IPD	- Integrated Population and Development Project
IUD	- Intra Uterine Device
MMR	- Maternal Mortality Rate
MR	- Menstrual Regulation
MTP	- Medical Termination of Pregnancy
NGO	- Non-Governmental Organisation
PFI	- Population Foundation of India
PRC	- Population Resource Centre
RCH	- Reproductive and Child Health
RTI/STD	- Reproductive Tract Infection / Sexually Transmitted Disease
TBA	- Traditional Birth Attendant
TLC	- Total Literacy Campaign
TOR	- Terms of Reference



SIDA	- Swedish International Development Agency
SIFPSA	- State Innovations and Family Planning Services Agency
SIHFW	- State Institute of Health and Family Welfare
SRS	- Sample Registration System
UNFPA	- United Nations Population Fund
UP	- Uttar Pradesh
USAID	- United States Agency for International Development

Programme

National Workshop on Strategies for Implementation of Rajasthan Population Policy (January 20,2000) Venue : Kanchan Hall, Hotel Clarks Amer, Jaipur

Programme

09.30-10.00	Registration	
10.00-11.30	Inaugural Session	
10.05-10.15	Welcome	A.K.Garg, Secretary, Family Welfare, Government of Rajasthan
10.15-10.25	Opening Address	Indira Mayaram, State Minister, Ayurved & Family Welfare, Government of Rajasthan
10.25-10.30	Release of Population Policy	Ashok Gehlot Chief Minister of Rajasthan
10.30-10.45	Address	A.R. Nanda, Secretary, Family Welfare, Government of India
10.45-10.55	Rajasthan's Population Policy	V.S. Vyas, Chairman, Expert Committee on Population Policy
10.55-11.10	Issues in Implementing Population Policy	Inderjit Khanna Chief Secretary, Government of Rajasthan
11.10-11.25	Chief Guest's Remarks	Chief Minister of Rajasthan
11.25-11.30	Vote of Thanks	Ashok Bapna, Professor, SIHFW & Executive Director, PRC

Rapporteur : Maya Unnithan, Research Fellow-IDS, Sussex (UK)



11.45-12.00 Coffee Break

12.00-13.15 Implementation Strategies : Reflections from International Agencies

Chair Person : A.R.Nanda,
Secretary, Family Welfare, Government of India

Speakers :

Michael Vlassoff	Country Director, UNFPA
Harry E. Cross	Director, The POLICY Project, TFGI
Victor Barbiero Ramana	Director, PHN Division, USAID The World Bank, New Delhi.

Discussants :

K. Srinivasan	Director, PFI
Sumati Kulkarni	Professor, IIPS, Mumbai

13.15-13.30	Introducing Group Discussion Issues	A. K. Garg, Secretary, Family Welfare, Government of Rajasthan
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Rapporteur : Dr. Rajesh Mishra, Consultant RCH Project

13.30-14.30 Lunch

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14.30-16.30 Group Work

Theme	Chair Person	Resource Persons	Facilitator	Rapporteur
Building Environment	M.L. Mehta	Harry E. Cross N.K. Singhi	B.R. Pareek	R.S. Srivastava,
Population Programme Management; Fertility & Contraception	A. Johri	T.K. Roy K. Srinivasan L.K. Kothari	Shiv Chandra	N.M. Singhvi,
Population Programme Management; RCH services (Excluding Contraception)	Sudhir Verma & A.K.Garg	Victor Barbiero V.S. Vyas R. Sharma	S.C. Sharma	Suresh Joshi,
Kanchan Administrative and Management issues in implementing the Population Policy	R.S. Kumat	M. Vlassoff G. Narayana R.L. Bajpai	Subhash Vijay	S.D. Gupta,

16.30-17.15 Valedictory Session

Opening Remarks

A. K. Garg,
Secretary, Family Welfare,
Government of Rajasthan

Presentation of Group Reports

R. S. Srivastava
N.M. Singhvi
Suresh Joshi
S.D. Gupta

Chief Guest's Address

Elizabeth Schoenecker,
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Valedictory Address

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**National Workshop on Strategies for Implementation of
Rajasthan Population Policy
(January 20, 2000, Venue : Hotel Clarks Amer, Jaipur)**

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